Case 3:06 Complete items 1, 2, and 3. Also con item 4 if Restricted Delivery is desired. Print your name and address on the so that we can return the card to you. Attach this card to the back of the mor on the front if space permits.	mplete d. reverse	Diena Ingran	Agent Addressee Date of Deliver,
1. Article Addressed to:		D. Is delivery address clifferent from item If YES, enter delivery address below: 3. Service Type Certified Mail	17 Yes No
Article Number (Transfer from service label)	7004	1160 0003 5811 2199	☐ Yes
PS Form 3811, February 2004	Domestic Ret	urn Receipt	102595-02-M-1540

